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STATEMENT OF

FORM 1	ORGANIZATION											Office Use Only										
1. NAME OF COMMITTEE (in	full)	,	heck if name changed)			ple:If the lin		g, type	Э	12	FE	4M5										
Marathon C	Oil Cor	npany	Emplo	yee	s _F	Olit	ica	IA	ctic	on	Cc	m	mit	tee	· (N	ΛE	PA	\C)			
ADDRESS (number and street)		P.O. Box 7	75000																			
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	CITY								STATE ZIP COD						ODE	E						
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COMMITTEE'S WEB I	PAGE ADD	RESS (URL	_)																			
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2. DATE 07	/ 01		2011																			
3. FEC IDENTIFICA	ation nui	MBER	С	C0004	40568		_															
4. IS THIS STATEM	ENT	NEW (I	N) OF	₹	×	Αľ	MEND	ED (A)													
I certify that I have ex	camined this	s Statement	t and to the	best of	my kr	nowled	lge aı	nd be	lief it	is tru	е, сс	orrec	t and	сотр	olete.							
Type or Print Name of	f Treasurer	Nancy Cu	shman																			
Signature of Treasurer	Nancy C	ushman			1	Electr	onical	ly File	ed]	Date		M 07	M /	0′	D /	Y	20	11	Υ			
NOTE: Submission of fa			nplete informa	•	•		•	Ū	Ü					enalti	es of	2 U.	S.C.	§437	g.			
Office Use Only					F	For fur Federal Foll Free	Election 800-4	n Con 124-95	nmissic				ı			DRN 02/20		_				